

FORM DR-2: Disclosure Summary PageStatus: **Amended**ID #: **1385**Committee: **McCarthy for State Representative**Comm Type: **State House**Date Due: **10/19/2002**Report Year: **2002**Treasurer: **Brian J Meyer**

Primary Ph. (515)255-3994 Secondary Ph. (-)

Chair:

County: **NA**Amended: **4/9/2004**

Statutory Due Date	10/19/2002
Adjusted Due Date	10/21/2002
Received Date	10/21/2002
Postmark Date	/ /
Amended	04/09/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$744.22
Schedule A: Cash contributions Total	\$11,360.00
Schedule F: Loans Received Total	\$0.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$12,104.22
Schedule B: Expenditure Total	\$291.92
Schedule F: Cash Loan Repayments	\$7,000.00
Cash on Hand At End of Period	4,812.30

Additional Assets and Liabilities

Loans in Place at Start of Period	\$7,000.00
Schedule D: UnPaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$200.00
Schedule F: Forgiven Loans	\$0.00
Schedule F: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2002 7-30	ID# CK#	Bankers Trust	ACH debit (checkbook)	\$ 21.99
6-3	ID# CK#	11	analysis service fee	29.52
8-1-02	ID# CK#	11	analysis service fee	5.49
9-3	ID# CK#	11	11	4.20
10-1	ID# CK#		11	4.36
	ID# CK#			
	ID# CK#		APR - 9 2004	
	ID# CK#			
SUB-TOTAL				\$ 36.04
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State RepresentativeIMPORTANT: Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

KEVIN MCCARTHY

Political Party

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

HOUSE 67

FORM

DR-2

(Rev. 05/2002)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Indexed

Audited

Computer

OCT 21 2002

MD

10-21-02

SIGNATURE OF TREASURER (or person filing this report)

779-3635
TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING AN OCTOBER 21, 2002 REPORT FOR ANA (1) ELECTION (2) NON-ELECTION YEAR.
(report date)Indicate one ☒☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$ 1,424.⁴³**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

11,360.⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

12,784.⁴³**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

49.⁰⁰

Schedule F: Loan Repayments total (Attach Schedule F)

7,206.⁸²

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 5,528.⁵⁵****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 0***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 200.⁰⁰****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS — MONEY TAKEN
(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND— RAISER INCOME
7-16-02	ID# CK# 1976	TAM B. ORMISTON 4104 GREENWOOD DRIVE DES MOINES, IA 50312		\$ 75. ⁰⁰	✓
✓ 7-17-02	ID# 6101 CK# 2215	MOTOR CARRIERS P.A.C. P.O. BOX 6121, E. DSM STN. DES MOINES, IA 50309		250. ⁰⁰	✓
✓ 8-1-02	ID# 6070 CK# 2653	IOWA LAW P.A.C. 521 E. LOCUST ST., 3 RD FL DSM, IA 50309		1,000. ⁰⁰	✓
✓ 8-1-02	ID# 6429 CK# 1636	HEAVY HIGHWAY P.A.C. 2415 INGERSON AVE. DSM, IA 50312		200. ⁰⁰	✓
8-1-02	ID# CK# 6553	BILL + LINDA McARTHAY 5201 SE. 32 ND ST. DSM, IA 50320	PARENTS	200. ⁰⁰	✓
8-1-02	ID# CK# 4732	STEVEN P. WANDRO 2501 GRAND AVE. STE. B DSM, IA 50312		500. ⁰⁰	✓
8-1-02	ID# CK# 3244	DICK MYERS 9 WOODLAND HEIGHTS IOWA CITY, IA 52240		100. ⁰⁰	✓

SUB-TOTAL

2,325.⁰⁰

TOTAL (if last page of this
schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN
(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If Applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8-1-02	ID# CK# 1469	JAMES L. TROTTER 4524- 82 nd ST. URBANDALE, IA 50322		\$ 100. ⁰⁰	✓
8-1-02	ID# CK# 9954	TIM BRIEN 3919 URBANDALE AVE. DSM, IA 50310		100. ⁰⁰	✓
8-1-02	ID# CK# 95847	BRENDAN GREINER 421 N. PLSNT HILL BLVD. PLEASANT HILL, IA 50317		100. ⁰⁰	✓
8-1-02	ID# CK# 1214	DONN STANLEY 9725 AURORA AVE. URBANDALE, IA 50322		100. ⁰⁰	✓
8-1-02	ID# CK# 8158	LARRY CRAMER 6538 N. WINWOOD DR. JOHNSTON, IA 50131		100. ⁰⁰	✓
8-1-02	ID# CK# 3978	MATT + JENNIFER MCCOY 2421 E. LEACH AVE. DSM, IA 50320		100. ⁰⁰	✓
8-1-02	ID# CK# 8015	PETER W. ROUNDS 2512 E. MARION AVE. DSM, IA 50317		100. ⁰⁰	✓

SUB-TOTAL

700.⁰⁰

TOTAL (if last page of this
schedule)

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Page 2 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8-1-02	ID# CK# 4614	REMUE BEARD P.O. BOX 217 CALHOUN FALLS, SC. 29628		\$ 100. ⁰⁰	✓
✓ 8-1-02	ID# 6277 CK# 1196	SHEET METAL CONTRACTORS OF IOWA P.A.C. 1454 30 th ST. STE 201 WDSM, IA 50266		100. ⁰⁰	✓
8-1-02	ID# CK# 5742	DR. DOW + DEL BATES 3706 E. 28 th ST. DSM, IA 50317		50. ⁰⁰	✓
8-1-02	ID# CK# 4809	HAROLD BUTZ 1500 41 st PL. DSM, IA 50311		50. ⁰⁰	✓
8-1-02	ID# CK# 3136	DEBRA LEONARD 2804 42 nd DSM, IA 50310		50. ⁰⁰	✓
8-1-02	ID# CK# 3597	DARLENE CLARK 1500 41 PL. DSM, IA 50311		50. ⁰⁰	✓
8-1-02	ID# CK# 3003	JULIE POTTORFF 1090 45 th ST. DSM, IA 50311		58. ⁰⁰	✓

SUB-TOTAL

450.⁰⁰

TOTAL (If last page of this
schedule)

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Page 3 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN
(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 58B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND— RAISER INCOME
8-1-02	ID# CK# 3184	BILL BRAUCH + KAREN MASSETTI MILLER 3313 38 th ST. DSM, IA 50310		\$ 50. ⁰⁰	✓
8-1-02	ID# CK# 7203	RAY BLASE 913 NE. 34 th ST. ANKENY, IA 50021		\$ 50. ⁰⁰	✓
8-1-02	ID# CK# 1440	TOM HENDERSON 6239 N. WINWOOD DR. JOHNSTON, IA 50131		\$ 50. ⁰⁰	✓
8-1-02	ID# CK# 6506	BILL ROACH 2717 SCENIC PLACE WDSM, IA 50265		\$ 25. ⁰⁰	✓
8-1-02	ID# CK# 2325	JOHN SARCONI 3004 S.W. 39 th ST. DSM, IA 50321		\$ 25. ⁰⁰	✓
8-21-02	ID# CK# 3272	ED SKINNER Box 367 ALTOONA, IA 50009		\$ 2,000. ⁰⁰	✓
✓ 8-21-02	ID# 6084 CK# 624	IA STATE UAW - PAC 2700 S. RIVER RD. DES PLAINES, IL 60018		\$ 300. ⁰⁰	

SUB-TOTAL

2,500.⁰⁰

TOTAL (if last page of this schedule)

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Page 4 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 58B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
✓ 8-21-02	ID# 6060 CK# 2121	IA COMM. ON POLITICAL EDUCATION AFL-CIO PAC. 2000 WALKER, STE. A DSM, IA 50317		\$ 200. ⁰⁰	
8-21-02	ID# CK# 6321	MONA RAE BOND 2818 W. 1 st ST. ANIKENY, IA 50021		150. ⁰⁰	✓
✓ 9-3-02	ID# 6004 CK# 3920	A.C.G. PAC. P.O. Box 757 DSM, IA 50303		1,000. ⁰⁰	
✓ 9-3-02	ID# 6116 CK# 1139	IA DEALERS-PAC. P.O. Box 65840 WDSM, IA 50265		100. ⁰⁰	
✓ 9-3-02	ID# 6046 CK# 3490	JUSTICE FOR ALL-PAC 218 6 th AVE. STE. 526 DSM, IA 50309		250. ⁰⁰	
✓ 9-9-02	ID# FEC ID # C00033423 CK# 5373	HOUSE P.A.C. 1730 K STREET N.W. STE. 1166 WASHINGTON D.C. 20006		200. ⁰⁰	
✓ 9-9-02	ID# 6069 CK# 1970	IIPAC. 904 WALNUT, STE. 100 DSM, IA 50309		200. ⁰⁰	

SUB-TOTAL

2,100.⁰⁰

TOTAL (if last page of this schedule)

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Page 5 of 7
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN
(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 58B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
✓ 9-9-02	ID# 6096 CK# 1735	MANUFACTURED HOUSING PAC. 1400 DEAN AVE. DSM, IA 50316		\$ 250. ⁰⁰	
✓ 9-23-02	ID# 6064 CK# 1554	IA DENTAL ASSOC. PAC. 505 5TH AVE. STE. 333 DSM, IA 50309		200. ⁰⁰	
✓ 9-23-02	ID# 6291 CK# 2164	IHA PAC 100 E. GRAND AVE DSM, IA 50309		200. ⁰⁰	
✓ 9-23-02	ID# 6113 CK# 2732	AFSCME/IOWA COUNCIL 61 PEOPLE PAC 4320 N.W. 2ND AVE. DSM, IA 50313		250. ⁰⁰	
✓ 9-23-02	ID# 6323 CK# 2736	MASTER BUILDERS of IA PAC. 221 PARK ST. P.O. BOX 695 DSM, IA 50303		250. ⁰⁰	
✓ 9-23-02	ID# 6070 CK# 2712	IOWA LAW PAC. 521 E. LOCUST ST. 3RD FL DSM, IA 50309		300. ⁰⁰	
✓ 9-23-02	ID# 6086 CK# 12782	I.S.E.A. - PAC 777 3RD STREET DSM, IA 50309		500. ⁰⁰	

SUB-TOTAL

1,950.⁰⁰

TOTAL (if last page of this schedule)

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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
✓ 10-03-02	ID# 6021 CK# 1513	CREDIT UNION PAC. 3737 WESTOWN PRWY WDSM, IA 50265		\$ 300. ⁰⁰	
10-03-02	ID# CK# 4253	DALE + KAREN PATCH 4816 WESTERN HILLS DR. WDSM, IA 50265		200. ⁰⁰	
10-03-02	ID# CK# 1407	LYNN WALDING 5820 KINGMAN AVE. DSM, IA 50311		50. ⁰⁰	✓
10-03-02	ID# CK# 7227	JOHN PEDERSON 1075 44 TH ST. DSM, IA 50311		35. ⁰⁰	
✓ 10-14-02	ID# 6498 CK# 1138	WELL PAC. 636 GRAND AVE JTA113 DSM, IA 50309		250. ⁰⁰	
✓ 10-14-02	ID# 6082 CK# 815	MID-AMERICAN ENERGY EFFECTIVE GOVT. PAC. 666 GRAND AVE. P.O. BOX 657 DSM, IA 50263		300. ⁰⁰	
✓ 10-14-02	ID# 6034 CK# 1478	ENGINEERS PAC. 1000 WALNUT ST. #102 DSM, IA 50309		200. ⁰⁰	

SUB-TOTAL

TOTAL (if last page of this
schedule)

1,335.⁰⁰
11,360.⁰⁰

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Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-8-02	ID# CK# 1026	POLK County Auditor 120 2nd AVE DES MOINES, IA 50309	VOTER DISK	\$ 49.02
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 49.02
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Rep.

SCHEDULE

F

(Rev. 08/98)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 7,000

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
	CARRY OVER		\$
(MAY)	KEVIN MCCARTHY 5220 SE. 31ST CT. DSM, IA 50320	(SELF)	7,000

TOTAL (PART I)

\$ 7,000

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
7-22-02	KEVIN MCCARTHY DMPD CREDIT UNION	SELF	\$ 900.00
8- -02	" "	" "	3,000.00
9-4-02	" "	" "	3,306.88

TOTAL CASH REPAYMENTS (PART II)

\$ 7,206.88

From Schedule E - TOTAL LOANS FORGIVEN

\$ 7,000 PLUS INTEREST

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 0

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

(LOAN PAID IN FULL)

Page 1 of 1
(for Schedule F)

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8-1-02	Kevin McCarthy	SELF		\$ 200. ⁰⁰	
	FOOD + SNACKS + FOR 8-1-02	DRWK FUNDRAISER			

SUB-TOTAL \$

 TOTAL (if last
page of this
schedule)

\$

200.⁰⁰

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.